



Spikes K9 Fund 5760 Northampton Blvd No. 118 Virginia Beach, VA 23455

Spikes K9 Fund:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

WALL, EINHORN & CHERNITZER, P.C.

John M. Waters Senior Manager

Filing Instructions

Prepared for: Spikes K9 Fund 5760 Northampton Blvd No. 118 Virginia Beach, VA 23455 Prepared by: Wall, Einhorn & Chernitzer, P.C. 150 W. Main St., Suite 1200 Norfolk, VA 23510

2020 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021

<u>SPIKES K9 FUND</u> 47-2144242

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANDERSON COOPER	140,000.	74,905.
OLGA FOWLER ESTATE	150,000.	84,905.
GREATERGOOD.ORG	119,000.	53,905.
MAN HOUSE PRODUCTIONS, LLC	500,000.	434,905.
Total Excess Contributions to Schedule A, Part II, Line 5		648,620.

DEPRECIATION VARIANCE REPORT

ASSET NUMBER	DESCRIPTION	ACCOUNTANT'S CALCULATED DEPRECIATION	SYSTEM CALCULATED DEPRECIATION	VARIANCE
1 COMPU	JTER	135.	127.	8.
		4		

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
6	BIG TEX TRAILER	09/01/16	SL	7.00	1	L6	3,794.				3,794.	2,555.		542.	3,097.
7	CAMERA	05/08/17	SL	5.00	1	L 6	1,478.				1,478.	962.		296.	1,258.
8	CAMERA	08/15/17	SL	5.00	1	L6	740.				740.	407.		148.	555.
10	GOPRO	03/20/19	SL	5.00	1	L6	330.				330.	50.		66.	116.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						6,342.				6,342.	3,974.		1,052.	5,026.
	MANAGEMENT AND GENERAL														
1	COMPUTER	05/28/15	SL	5.00	1	L6	1,527.				1,527.	1,392.		127.	1,519.
2	COMPUTER	06/30/16	SL	5.00	1	L 6	1,422.				1,422.	1,307.		115.	1,422.
3	COMPUTER	12/21/17	SL	5.00	1	L6	3,900.				3,900.	1,755.		780.	2,535.
4	COMPUTER ACCESSORIES	12/21/17	SL	5.00	1	L 6	359.				359.	162.		72.	234.
5	COMPUTER	11/17/18	SL	5.00	1	L 6	3,820.				3,820.	828.		764.	1,592.
9	COMPUTER - IPAD	03/20/19	SL	5.00	1	L6	464.				464.	70.		93.	163.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						11,492.				11,492.	5,514.		1,951.	7,465.
	* GRAND TOTAL 990 PAGE 10 DEPR						17,834.				17,834.	9,488.		3,003.	12,491.

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

ation	

For calendar year 2020, or fiscal year beginning , 2020, and ending

▶ Do not send to the IRS. Keep for your records.

2020

Taxpayer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879E0 for the latest information.

SPIKES K9 FUND 47-2144242

Name and title of officer or person subject to tax

Name of exempt organization or person subject to tax

JAMES HATCH PRESIDENT

Part I	Type of Return and Return Information	(Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, or **7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ►X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	978,536.					
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b						
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b						
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b						
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b						
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b						
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b						
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax							
Under penalties of perjury, I declare that X I am an officer of the above organization or							
(name of organization) , (EIN)	and that	t I have examined a copy					

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

<u>X</u>	I authorize	WALL,	EINHORN	&	CHERNITZER,	P.(

___ to enter my PIN

12345

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

54511154321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature
_

Date -06/25/21

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)



Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print SPIKES K9 FUND 47-2144242 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 5760 NORTHAMPTON BLVD, NO. 118 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. VIRGINIA BEACH, VA 23455 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION 5760 NORTHAMPTON BLVD, NO. 118 The books are in the care of ➤ VIRGINIA BEACH, VA 23455 Telephone No. ► 646-866-4638 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📄 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

A	or the	e 2020 calendar year, or tax year beginning a	na enaing		
В	Check if applicab	C Name of organization		D Employer identifie	cation number
	Addre				
	Name chang	Doing business as		47-21442	42
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	5760 NORTHAMPTON BLVD	118	646-866-	
	termir	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	1,037,241.
	Amen return	ded TITOCINIA DEACH TA 22455		H(a) Is this a group re	
F	Applic			for subordinates	
_	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Tay ay	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)	(1) or 527		list. See instructions
		te: > WWW.SPIKESK9FUND.ORG	(1) 01 321	H(c) Group exemptio	
		organization: X Corporation Trust Association Other ►	I Voor		State of legal domicile: VA
	art I	Summary	L Year	oriorination. ZOIJI	A State of legal domicile, VA
		Briefly describe the organization's mission or most significant activities: PRC	VITDE CA	EEMA CEVD 1	
Activities & Governance	1	AND VET SERVICES TO WORKING K-9S.	OVIDE SE	FEII GEAR, I	EQUIPMENT,
r	2	Check this box if the organization discontinued its operations or dis	posed of more	than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b	o)	4	6
တ္	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	4
itie.	6	Total number of volunteers (estimate if necessary)			20
ċį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		747,105.	833,409.
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	2.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,916.	145,125.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		772,024.	978,536.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ú	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		129,638.	161,399.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	. Ь	Total fundraising expenses (Part IX, column (D), line 25) 35,	552.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		593,412.	560,477.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		723,050.	721,876.
	19	Revenue less expenses. Subtract line 18 from line 12		48,974.	256,660.
		Trevende less expenses. Cabilder line 10 fem in 10 12		eginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	<u> </u>	189,653.	445,630.
ASSI	21	Total liabilities (Part X, line 26)		932.	249.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		188,721.	445,381.
	art II	Signature Block		100//210	113/3011
		ulties of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	ents, and to the hest of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			knowledge and boller, it is
	,	Name completed books and a property (control man control) to second on an information of	o p. opa. o.	l l l l l l l l l l l l l l l l l l l	
Sig	n	Signature of officer		Date	
Hei		JAMES HATCH, PRESIDENT			
110	·	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	JOHN M. WATERS JOHN M. WATERS	, (06/25/21 if self-employ	
	parer	Firm's name WALL, EINHORN & CHERNITZER, P.			54-1517420
	Only	Firm's address 150 W. MAIN ST., SUITE 1200	- •	I IIIII 3 LIIV	
036	Jilly	NORFOLK, VA 23510		Dhone no 75	7-625-4700
N/a	v tha "	RS discuss this return with the preparer shown above? See instructions		Triffile IIU. 7 3	X Yes No
ivia	y une n	no discuss this return with the preparer shown above? See instructions	- 4		A Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE SAFETY GEAR, EQUIPMENT, AND VET SERVICES TO WORKING K-9S.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	604 055
4a	(Code:) (Expenses \$621,957. including grants of \$) (Revenue \$) WE PROVIDE DOGS WITH BALLISTIC VESTS, HEAT ALARM SYSTEMS, EYE
	PROTECTION, TRACKING HARNESSES, AND OTHER VARIOUS SAFETY EQUIPMENT.
	ALSO, WE HELP COVER THE COST OF VETERINARY EXPENSES FOR DOGS.
	ALSO, WE HELP COVER THE COST OF VETERINARY EXPENSES FOR DOGS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
	/ (Joseph 1997)
•	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 621,957.

Form **990** (2020)

47-2144242 Page 3

Form 990 (2020) SPIKES K9 FUND
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	io		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а	Part VI	11a	Х	
L		1 Ia	- 21	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			_V
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			 ₩
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا		_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		- v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_{3,7}
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_{1,7}
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	, , , , , , , , , , , , , , , , , , , ,	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

032003 12-23-20

Form **990** (2020)

Form 990 (2020) SPIKES K9 FUND
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₹.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		
04	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_	$\alpha \alpha \alpha$	(2020)

Form	990 (2020) SPIKES K9 FUND 47-2144	242	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.			
	, , , , , , , , , , , , , , , , , , , ,	Form	990	(2020)

Form 990 (2020) SPIKES K9 FUND 47-2144242 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decilor b requests information about policies not required by the internal revenue dead.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ►VA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s Only	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	oully)	avalla	νie
10	(l finor	oia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i iii ian	ıdı	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 646-866-4638			
	5760 NORTHAMPTON BLVD, NO. 118, VIRGINIA BEACH, VA 23455			

Form **990** (2020)

Form 990 (2020) SPIKES K9 FUND 47-2144242 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organiza		d org	janiz				pen	sate			
(A)	(B)		_) ion			(D)	(E)	(F)
Name and title	Average	1 ((Position (do not check more than				than c		Reportable	Reportable	Estimated
	hours per	b	ox, un	less pand a	perso a dire	on is both an ector/trustee)			compensation	compensation	amount of
	week (list any	_		Т	Т				from the	from related organizations	other compensation
	hours for	direct					Б		organization	(W-2/1099-MISC)	from the
	related	20	Stee Stee	3			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizatio	ns 🗒	at l)see	эш ре		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related
	below	je	Institutional trustee		<u>.</u>	Key employee	Highest compensated employee	Jer			organizations
	line)	_	ln sti	Officer	j .	Key	High emp	Former			
(1) JAMES HATCH	40.00)								_	
PRESIDENT			_	X	ζ	4		_	37,885.	0.	0.
(2) JASON LEWIS	1.00							7			_
CHAIR		X	4	X	Σ			_	0.	0.	0.
(3) ALAN C. THOMPSON	1.00	_							_		
DIRECTOR		X	1	4					0.	0.	0.
(4) ZACK COOPER	1.00	_			4						•
DIRECTOR	1 0	X			\perp				0.	0.	0.
(5) KAYLE WATSON	1.00	_		47							•
DIRECTOR	1 0	X			4	4			0.	0.	0 .
(6) BRENDA FORMES	1.00									_	•
DIRECTOR	1 0	X	2		+	\dashv			0.	0.	0.
(7) BUDDY RAKE	1.00	_	Λ							_	•
DIRECTOR		X		+	+	\dashv			0.	0.	0.
		7									
			+	+	$^{+}$	\dashv					
			+	+	+	\dashv					
			+	+	+	\dashv					
			\perp		\perp	\Box					
			+	+	1	\dashv					
			+	_	\downarrow						
					\dagger						

Form 990 (2020)

	990 (2020) SPIKES KS	FUND								47-21	44	242	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box, offic	not c	Posi heck r ss per id a di	ition more son i	than o	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
											,			
									4					
	Subtotal					9		<u> </u>	37,885.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
<u>d</u>	-							<u> </u>	37,885.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	t.			0
	<u> </u>			T	$\overline{\nabla}$	7					1		Yes	No
3	Did the organization list any former officer,				-	-		-	•	•		_		37
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		Х
7	and related organizations greater than \$150								•	-		4		Х
5	Did any person listed on line 1a receive or a		V											7.7
Sec	rendered to the organization? If "Yes." combined to the organization of the contractors	plete Schedule	e J fo	or su	ıch r	oers	on .				<u></u>	5	[X
1	Complete this table for your five highest co										ensat	ion fro	om	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	ı the organization's tax y (B)	ear.		(C	:)	
	Name and business	address	NC	ONE	3				Description of s	ervices	C	ompei		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)	•	ot lin	nited	d to t	thos (ted	above) who received mo	ore than				
												Form	990 (2	2020)

032008 12-23-20

Га	r t v	/ 111			e in this Dest Mill			
			Check if Schedule O contains a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts	1		Federated campaigns 1a					
, Grants mounts			Membership dues 1b					
ıς,∢			Fundraising events 1c					
Gifts, ilar An		d	Related organizations 1d					
S,			Government grants (contributions) 1e				A	
i ti		f	All other contributions, gifts, grants, and					
ig #			similar amounts not included above 1f	833,409.				
Contributions, Giff and Other Similar		g	Noncash contributions included in lines 1a-1f 1g \$					
<u>റ്റ് ह</u>		h	Total. Add lines 1a-1f		833,409.			
				Business Code				
မွ	2	а						
Program Service Revenue		b						
S		С						
eve eve		d						
60 E		е						
Δ.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)	▶	2.			2.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ıne			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
		d	Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
9			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a	1				
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns	000 000				
				203,830.				
				58,705.	145 105			1.45 1.05
		С	Net income or (loss) from sales of inventory		145,125.			145,125.
S				Business Code				
90 n	11	а						
Miscellaneous Revenue		b						
Sell ≥		С						
Mis			All other revenue					
_		е	Total. Add lines 11a-11d		000 501			445 455
	12		Total revenue. See instructions		978,536.	0.	0.	145,127.

Form 990 (2020) SPIKES K9 FUND Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respor			(0)	(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
3	trustees, and key employees	37,885.	30,308.	7,577.	
6	Compensation not included above to disqualified	31,70031	30,3001	4	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	110,107.	88,086.	22,021.	
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,985.	1,537.	448.	
10	Payroll taxes	11,422.	7,524.	3,898.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	8,325.		8,325.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	22,340.	22,340.		
12	Advertising and promotion	42,111.	6,559.		35,552.
13	Office expenses	4,328.		4,328.	
14	Information technology	8,128.		8,128.	
15	Royalties				
16	Occupancy	F 110	2 240	1 760	
17	Travel	5,110.	3,342.	1,768.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,003.	1,052.	1,951.	
23	Insurance	5,923.		5,923.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	K9 EQUIPMENT	405,541.	405,541.		
b	VETERINARY EXPENSES	48,580.	48,580.		
c	OTHER PROGRAM EXPENSES	7,088.	7,088.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	721,876.	621,957.	64,367.	35,552.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020)

Form **990** (2020)

47-2144242 Page 11

Form 990 (2020) Part X | Balance Sheet

<u>u</u> .	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	181,307.	1	440,287
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
,	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
?	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 17,834. 10b 12,491.	8,346.	10c	5,34
	11	Investments - publicly traded securities		11	,
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	189,653.	16	445,63
	17	Accounts payable and accrued expenses	932.	17	24
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	932.	26	24
ı		Organizations that follow FASB ASC 958, check here			
3		and complete lines 27, 28, 32, and 33,			
	27	Net assets without donor restrictions	188,721.	27	445,38
	28	Net assets with donor restrictions		28	-
		Organizations that do not follow FASB ASC 958, check here			
-		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
[31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	188,721.	32	445,38
- 1		Total liabilities and net assets/fund balances	189,653.	33	445,63

47-2144242 Page **12**

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			[
						_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		78		
2	Total expenses (must equal Part IX, column (A), line 25)	2		21		
3	Revenue less expenses. Subtract line 2 from line 1	3		256		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		.88	<u>,72</u>	<u>1.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4	45	<u>, 38</u>	<u> 1.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		<u> </u>	
			_	Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>L</u> :	2a	\perp	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?		L:	Ва	_	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Bb		
			Fo	orm 9	90 (2	2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number SPIKES K9 FUND 47-2144242 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	393,324.	646,043.	632,656.	747,105.	833,409.	3252537.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					A	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	393,324.	646,043.	632,656.	747,105.	833,409.	3252537.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						648,620.
6	Public support. Subtract line 5 from line 4.						2603917.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	393,324.	646,043.	632,656.	747,105.	833,409.	3252537.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	101.	2,047.	55.	3.	2.	2,208.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3254745.
12	Gross receipts from related activities,	etc. (see instruction	ins)			12	605,767.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	_
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	80.00 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >
					Sche	dule A (Form 990	or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,]					
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
	check this box and stop here	. 0 1 D .					>
	ction C. Computation of Publi					T T	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19a	a 33 1/3% support tests - 2020. If the						/ is not
	more than 33 1/3%, check this box ar						
k	o 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶Ш

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	Ти		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
_	10b	N E7	

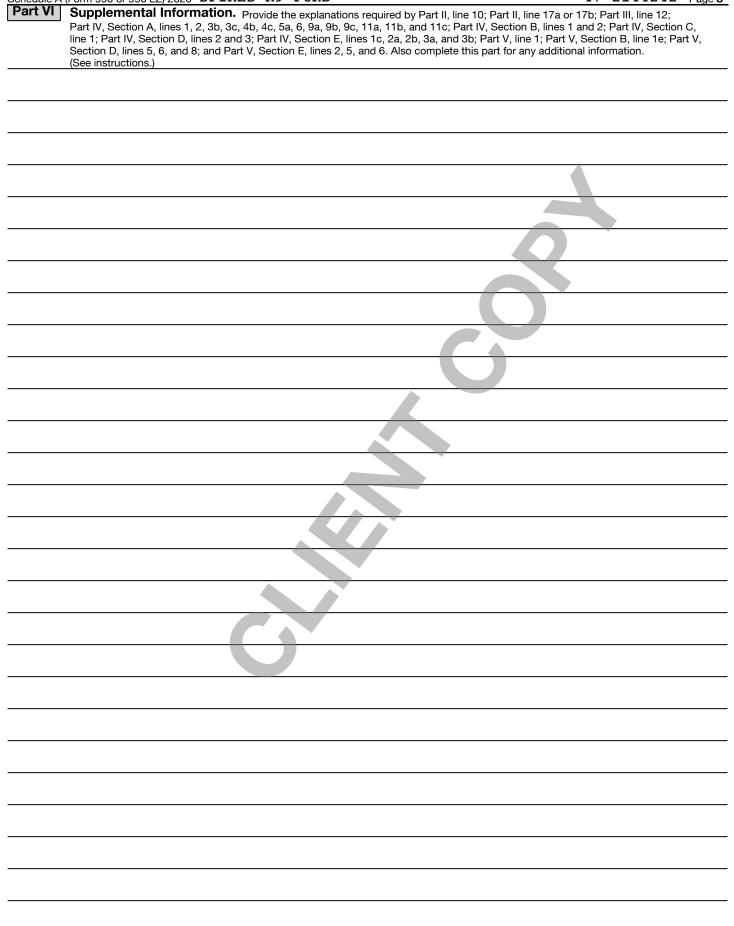
Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		İ
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instantial and the latest	struction		NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			1
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. section A - Adjusted Net Income (A) Prior Year (B) Current Year (cyptional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Candidines 1 through 3. 3 Other gross income (see instructions) 3 A Jother gross income (see instructions) 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Agregate fair market value of all non-exempt-use assets (see instructions or short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 To Depreciation indebtedness applicable to non-exempt-use assets 1 To Depreciation indebtedness applicable to non-exempt-use assets 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 A Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater ameunt, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater ameunt, see instructions). 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Adjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 6, unless subject to emergency temporar	Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgar	nizations	
All other Type III Inon-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Acquain market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 9 Average morthly value of securities 9 Average morthly value of securities 1 Average morthly value of securities 1 Average morthly cash balances 1 b. 1 Average morthly cash balances 1 b. 2 Fair market value of other non-exempt-use assets 1 c. 4 Total (add lines 1a, 1b, and 1c) 4 Total (add lines 1a, 1b, and 1c) 6 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Adjusted the Part VI): 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Enter 0.85 of line 1. 4 Adjusted net income for prior year (from Section 8, line 8, solumn A) 7 Adjusted net income for prior year (from Section 9, line 8, solumn A) 7 Adjusted net income for prior year (from Section 9, line 8, solumn A) 8 Infinitum asset amount for prior year (from Sectio	1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions
A Net short-term capital gain 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Other expenses (see instructions) 8 Other expenses (see instructions) 8 Other expenses (see instructions) 9 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 9 Action B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 A Agregae monthly value of securities 1 A verage monthly cash balances 1 th 1 Depreciation in companies of the provided of the part of year): 1 A read (and lines 1 to the read of the part of year): 2 Average monthly value of securities 1 Total (add lines 1 to, 1 to, and 1 to) 2 Fair market value of other non-exempt-use assets 1 to 1 Total (add lines 1 to, 1 to, and 1 to) 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1 to. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 6) 8 Other of the part VI): 9 Adjusted net income for prior year (from Section A, line 8, col				•	
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Action B - Minimum Asset Amount (A) Prior Year (Optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly cash balances 1 b 1 Total (add lines 1a, 1b, and 1c) 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cah deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Minimum Asset Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Agiusted net income for prior year (from Section B, line 8, column A) 3 Henter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount 6 General Report of the subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 General Report of the subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 General Report of the subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Secti	on A - Adjusted Net Income		(A) Prior Year	
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 3 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 2 Sction B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of other non-exempt-use assets 1 b Average monthly value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 D total (add lines 1a, 1b, and 1c) 1 D total (add lines 1a, 1b, and 1c) 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 P Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Einter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. 6 Einter greater of line 2 or line 3. 6 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	1	Net short-term capital gain	1		
4 Add lines 1 through 3. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Augregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 2 Average monthly cash balances 1 b 2 Fair market value of other non-exempt-use assets 1 fo 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 A Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Amount of the fine 1 control of the fine 3 (for greater amount, see instructions). 6 Enter greater of line 1 control of line 6 column A) 1 Aggregate and the fine form section B, line 8, column A) 2 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount (Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Correct Subtract line 5 from line 6, unless subject to emergency temporary reduction (see instructions).	2	Recoveries of prior-year distributions	2		
5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Cetion B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1 Average monthly value of securities 1 D Average monthly cash balances 1 D C - Fair market value of other non-exempt-use assets 1 C d Total (add lines 1a, 1b, and 1c) 1 D C - Fair market value of other non-exempt-use assets 1 C d Total (add lines 1a, 1b, and 1c) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Aminimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Detrion C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section 8, line 8, column A) 1 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	3	Other gross income (see instructions)	3		
Solution of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 to 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Solutract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum asset amount for prior year (from Section A, line 8, column A) 1 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount for prior year 6 Distributable Amount subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	4	Add lines 1 through 3.	4		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7	5	Depreciation and depletion	5		
maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Action B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly cash balances 1 b Average monthly cash balances 1 fair dadd lines 1a, 1b, and 1c) 1 Total (add lines 1a, 1b, and 1c) 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Action on-exempt-use assets (subtract line 3 for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	Portion of operating expenses paid or incurred for production or			
7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 2 Average monthly value of securities 3 Average monthly value of securities 4 Total (add lines 1a, 1b, and 1c) 6 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Precoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6		collection of gross income or for management, conservation, or			
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Bection B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 A Minimum Asset Amount (add line 7 to line 6) 8 Dection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		maintenance of property held for production of income (see instructions)	6		
A Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Nultiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 3 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 4 Enter Q.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	7	Other expenses (see instructions)	7		
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 2 Average monthly value of other non-exempt-use assets 3 Total (add lines 1a, 1b, and 1c) 4 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount 4 Adjusted net income for prior year (from Section A, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 4, unless subject to emergency temporary reduction (see instructions).	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets to d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Income tax imposed in prior year 5 Distributable Amount. Subtract line 4, unless subject to emergency temporary reduction (see instructions). 6	ecti	on B - Minimum Asset Amount		(A) Prior Year	
a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Algusted net income for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	1	Aggregate fair market value of all non-exempt-use assets (see			
b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use sests (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Modisted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		instructions for short tax year or assets held for part of year):			
c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Acquisition indebtedness applicable to non-exempt-use assets 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Certion C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	а	Average monthly value of securities	1a		
d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Course of the control of the control of the column of the control of the control of the control of the control of the column of the control of the	b	Average monthly cash balances	1b	7	
e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 6 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	С	Fair market value of other non-exempt-use assets	1c		
(explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 9 ection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	d	Total (add lines 1a, 1b, and 1c)	1d		
Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	е	Discount claimed for blockage or other factors			
3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 9 Cection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		(explain in detail in Part VI):			
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	2	Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	3	Subtract line 2 from line 1d.	3		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Pection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Inter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		see instructions).	4		
7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Enter Greater of line 2 or line 3 from line 4, unless subject to emergency temporary reduction (see instructions).	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Minimum Asset Amount (add line 7 to line 6) Current Year Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	Multiply line 5 by 0.035.	6		
Current Year Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	7	Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Prior Section A, line 8, column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	8	Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	ecti	on C - Distributable Amount			Current Year
Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	2	Enter 0.85 of line 1.	2		
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	4	Enter greater of line 2 or line 3.	4		
emergency temporary reduction (see instructions).	5	Income tax imposed in prior year	5		
	6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		emergency temporary reduction (see instructions).	6		
	7	Check here if the current year is the organization's first as a non-functionally	integrat	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

Fai	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	ilizations (continu	ued)	
<u>Secti</u>	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	:	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
	Evenes from 2020				

Schedule A (Form 990 or 990-EZ) 2020



Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

SPIKES K9 FUND

Employer identification number

47-2144242

Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
Check if your organization	n is covered by the General Rule or a Special Rule.		
Note: Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General Rule			
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
property) nome	any one contributor. Complete Faite Faite II. Coo included to lot determining a contributor of total contributions.		
Special Rules			
X For an organiza	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under		
	(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from		
	any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.		
For an organiza	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one		
	ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,		
	ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering		
"N/A" in columr	n (b) instead of the contributor name and address), II, and III.		
For an organiza	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the		
	ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box		
	er here the total contributions that were received during the year for an exclusively religious, charitable, etc.,		
	complete any of the parts unless the General Rule applies to this organization because it received nonexclusively		
religious, charita	able, etc., contributions totaling \$5,000 or more during the year \$\bigs\tau_{\text{sol}}\$		
Caution: An organization	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),		
	on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to		
	et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

SPIKES K9 FUND 47-2144242

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAN HOUSE PRODUCTIONS LLC 325 HUDSON STREET, SUITE 601 NEW YORK, NY 10013	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 SUFFOLK CARES CHARITABLE FOUNDATION,	Total contributions	Type of contribution
2	65 ALLERTON STREET BOSTON, MA 02119	\$ 25,000.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
3	Name, address, and ZIP + 4 TOMAHAWK CHARITABLE SOLUTIONS 4751 TROUSDALE DR, SUITE 110 NASHVILLE, TN 37220	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SPIKES K9 FUND 47-2144242

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** SPIKES K9 FUND 47-2144242 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SPIKES K9 FUND

Employer identification number 47-2144242

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or <i>i</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	S.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be used	donly
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose confe	erring
_			
Pai	t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	n or education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic struct		. 2c
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation easen		
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it has been conservation of the conservation easements it has been conservation as a second conservation of the conservation of the conservation easements in the conservation of the c		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
Ü	Start and volunteer riburs devoted to morntoning, inspecting, ha	riding of violations, and emorning conserva	tion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation	easements during the year
•	► \$	g or violatione, and emerging concervation	sassments daring the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(h)(4)	(B)(i)
_		,	
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m) A		b •
2	If the organization received or held works of art, historical treasures	ures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under FASB ASC	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 2020

	t III Organizations Maintaining Co		storical Treasures, o		ets (continued)	<u>-</u>
3	Using the organization's acquisition, accession				1	_
•	collection items (check all that apply):	in, and out of records, one	on any or ano renowing and	e make eigimount according		
а	Public exhibition	d	Loan or exchange progr	am		
b	Scholarly research	e	Other			
	Preservation for future generations	€				_
C		llastians and avalain how	thay further the argenizati	an'a avampt purpasa in D	out VIII	
4	Provide a description of the organization's co				art Alli.	
5	During the year, did the organization solicit or					_
Dar	to be sold to raise funds rather than to be ma				Yes No	<u>o</u>
ı aı	reported an amount on Form 990, Part		ne organization answered	"Yes" on Form 990, Part I	v, line 9, or	
1a	Is the organization an agent, trustee, custodia	· · · · · · · · · · · · · · · · · · ·	r contributions or other as	sets not included		_
	on Form 990, Part X?				Yes No	0
b	If "Yes," explain the arrangement in Part XIII a					
					Amount	
С	Beginning balance			1c		_
	Additions during the year					_
е	Distributions during the year					_
f	Ending balance					_
2a	Did the organization include an amount on Fo				Yes No	_
	If "Yes," explain the arrangement in Part XIII.					•
Par						
			Prior year (c) Two yea		ck (e) Four years back	— k
1a	Beginning of year balance			(4,,	(-)	_
b	Contributions					_
	Net investment earnings, gains, and losses					_
d	Grants or scholarships					_
	Other expenditures for facilities					_
C						
	and programs					_
' ~	Administrative expenses					_
g	End of year balance	ant year and balance (line	1a saluma (a)) hald ass			_
2	Provide the estimated percentage of the curre		rg, column (a)) neid as.			
a	Board designated or quasi-endowment	%				
b	Permanent endowment	%				
С	· · · · · · · · · · · · · · · · · · ·	6				
_	The percentages on lines 2a, 2b, and 2c should be a sh					
за	Are there endowment funds not in the posses	ssion of the organization th	nat are held and administe	red for the organization	[v] v	_
	by:				Yes No	<u> </u>
	(i) Unrelated organizations				3a(i)	_
	(ii) Related organizations				3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organizate				3b	_
Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		t funds.			_
Fai			IV Es - 44 - O Fares 000	N. David V. Para 40		
	Complete if the organization answered				() 5	_
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
	Land					_
	Buildings					_
	Leasehold improvements				4 4 4 5	_
	Equipment		6,342.	5,026.	1,316	
	Other		11,492.	7,465.	4,027	
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X, colu	umn (B), line 10c.)		5,343	•

Schedule D (Form 990) 2020

	Complete if the organization answered "Yes" or	n Form 990 Pan IV line	LID See Form 990 Part X line 12
a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financia	al derivatives		
	held equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(<u>U)</u> (H)			
	b) must equal Form 990, Part X, col. (B) line 12.)		
	Investments - Program Related.		
	Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part V line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		. ,	
(1) (2)			
(3)			
(4)			
(*) (5)			
(6)			
(0) (7)			
(1)			
(0)			ľ
(8) (9) al. (Col. (art IX	b) must equal Form 990, Part X, col. (B) line 13.)		
(9) II . (Col. (Other Assets. Complete if the organization answered "Yes" or	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
(9) al. (Col. (art IX	Other Assets. Complete if the organization answered "Yes" or		
(9) al. (Col. (art IX	Other Assets. Complete if the organization answered "Yes" or		
(9) al. (Col. (art IX (1) (2)	Other Assets. Complete if the organization answered "Yes" or		
(9)	Other Assets. Complete if the organization answered "Yes" or		
(9) al. (Col. (art IX) (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" or		
(9) al. (Col. (art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" or		
(9) al. (Col. (art IX) (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" or		
(9) Al. (Col. (art IX) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" or		
(9) Al. (Col. (art IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" or		
(9) Al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (Col	Other Assets. Complete if the organization answered "Yes" of (a) Expression (a) Expression (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description 15.)	(b) Book value
(9) Al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (Col	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 1. (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of the organization answered "Yes" or the organization answered "Yes" of the organization and the or	Description 15.)	(b) Book value
(9) Al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (Col	Other Assets. Complete if the organization answered "Yes" of (a) Expression (a) Expression (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description 15.)	(b) Book value
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (c)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 1. (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of the organization answered "Yes" or the organization answered "Yes" of the organization and the or	Description 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Columnt X	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	(b) Book value
(1) Fec. (2)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fee (2) (3) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	(b) Book value
(9) al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Col. (art X)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fec (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	(b) Book value
(9) al. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column X) (1) Fec (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	(b) Book value
(9) II. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Col. (art X) (1) Fec. (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	(b) Book value
(9) II. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Col. (art X) (1) Fec (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of (a) Example 1. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 2. (a) Example 3. (a) Description of liability	Description 15.)	(b) Book value

Schedule D (Form 990) 2020

Pai	rt XI Reconciliation of Revenue per Audited Finan	ncial Statements With Revenue per Re	turn.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial state	ements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	:	
а	Net unrealized gains (losses) on investments	2a	
b			
С			
d		1 _ 1	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Par	rt I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Fina		Return.
	Complete if the organization answered "Yes" on Form 990		T T
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а			4
b	Prior year adjustments		-
С			
d	,		
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	1		-
b	A 1 1 P	<u> </u>	40
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. F	Port I fine 10)	4c 5
	irt XIII Supplemental Information.	art i, line 18.1	3
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, line	es 1a and 4: Part IV lines 1b and 2b: Part V line 4	Part X line 2: Part XI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		,

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

SPIKES K9 FUND

Employer identification number 47-2144242

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 AND RELATED SCHEDULES ARE PROVIDED TO THE BOARD OF DIRECTORS
FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND OTHER INFORMATION IS AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020